

514 West Liberty Street, Suite 106 Louisville, KY 40202-2324 Phone: 502 574-6869 Fax: 502 574-5299

Fax: 502 574-5299 www.rjlouisville.org

Referral Form

Please send all referrals to Libby Mills c/o Restorative Justice Louisville

Date of Request:	_4/4/14		_ Case Number	: _00250723-003
Referring Agency	:Jefferson County J	uvenile Court	_ Restitution A	mount:
Person Referring			Diversion	Probation
Phone Number			Next Court Da	ate:
Please include any o	f the applicable items: citation	victim statement, st	tatement of loss, teacher stateme	ent, petition or any other pertinent information
	Victim Inforr	nation (use add	ditional forms for multip	le victims)
Name: _	Stephanie Bryant			
Address: _	5650 Southern Pkwy – Olmstead South Louisville, KY 40214			
Home Number: _	485-8270	Cell Number:	Emai	Address:
Male				
If under age eighteen (18), parent/guardian name and address:				
Offender Information (use separate form for each offender)				
Name:	Jaleissa Haymon			
Address: _	4004 Dover Ct. Louisville, KY 40216			
Home Number: _	650-7905	Cell Number:	Email	Address:
Male 🗌 Female 🔀		Date of Birth:	_6/3/01	
If under age eighteen (18), parent/guardian name and address: _Jaleissa Haymon				
Date of Offense:	1/13/14	Was a citation	issued? Yes 🔀 No 🗌	Officer:
				Officer:
Summary of offer Theft by Unlawfu	nse and nature of dam	ages: <i>(attach a</i> 00 or more but	copy of the petition and U/\$10,000, Mrs. Bryant	, if appropriate, the citation.)
Summary of offer Theft by Unlawfu IPhone 4S stolen	nse and nature of dam Il Taking all others \$50 from her desk at school	ages: <i>(attach a</i> 00 or more but ol. The phone d	copy of the petition and U/\$10,000, Mrs. Bryant lid have a tracker on it a	l, if appropriate, the citation.)

Referral Form April 2013

80-14-003126.